

<i>SERFF Tracking Number:</i>	<i>AMRS-125913053</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AMERISURE MUTUAL INSURANCE COMPANY, ...</i>	<i>State Tracking Number:</i>	<i>#0 \$0</i>
<i>Company Tracking Number:</i>	<i>AR-WC WDXS-RR</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Withdraw Excess & Employers Liability Policy/</i>		

Filing at a Glance

Companies: AMERISURE MUTUAL INSURANCE COMPANY, AMERISURE INSURANCE COMPANY		
Product Name: Workers Compensation	SERFF Tr Num: AMRS-125913053	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #0 \$0
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: AR-WC WDXS-RR	State Status: Fees verified and received
Filing Type: Rate/Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Author: Yvonne Johnson	Disposition Date: 11/21/2008
	Date Submitted: 11/20/2008	Disposition Status: Approved
Effective Date Requested (New): 03/01/2009		Effective Date (New): 03/01/2009
Effective Date Requested (Renewal): 03/01/2009		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Withdraw Excess & Employers Liability Policy	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 11/21/2008	
State Status Changed: 11/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Amerisure Mutual Insurance Company and Amerisure Insurance Company wish to withdraw our company rates and rules for Specific Excess and Aggregate Excess Insurance Program Excess Workers' Compensation Rule WC-SE-1 Ed. 03-01-1983 for policies effective on or after March 1, 2009.

This program is obsolete, no longer used by our company nor do we have policies subject to the program.

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	<i>COMPANY, ...</i>		
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Forms have been filed separately.

Company and Contact

Filing Contact Information

Yvonne Johnson, Compliance Analyst I	yyjohnson@amerisure.com
26777 Halsted Rd.	(800) 257-1900 [Phone]
Farmington Hills, MI 48331	(248) 426-7789[FAX]

Filing Company Information

AMERISURE MUTUAL INSURANCE COMPANY	CoCode: 23396	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-0829210 -----	
AMERISURE INSURANCE COMPANY	CoCode: 19488	State of Domicile: Michigan
26777 HALSTED RD.	Group Code: 124	Company Type: PROPERTY & CASUALTY
FARMINGTON HILLS, MI 48331-2060	Group Name: AMERISURE INSURANCE	State ID Number:
(800) 257-1900 ext. 54270[Phone]	FEIN Number: 38-1869912 -----	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

State: *Arkansas*

State Tracking Number: #0 \$0

Company Tracking Number: AR-WC WDXS-RR

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: Withdraw Excess & Employers Liability Policy/

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMERISURE MUTUAL INSURANCE	\$0.00	11/20/2008	
COMPANY			
AMERISURE INSURANCE COMPANY	\$0.00	11/20/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/21/2008	11/21/2008

SERFF Tracking Number:	AMRS-125913053	State:	Arkansas
First Filing Company:	AMERISURE MUTUAL INSURANCE COMPANY, ...	State Tracking Number:	#0 \$0
Company Tracking Number:	AR-WC WDXS-RR		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
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Disposition

Disposition Date: 11/21/2008
Effective Date (New): 03/01/2009
Effective Date (Renewal):
Status: Approved
Comment: Permission to withdraw this program is approved.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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COMPANY, ...

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TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: Withdraw Excess & Employers Liability Policy/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	No
Supporting Document	NAIC loss cost data entry document	Approved	No
Rate	SPECIFIC EXCESS AND AGGREGATE EXCESS INSURANCE PROGRAM	Withdrawn	No
Rate	EXCESS WORKERS' COMPENSATION AND EIMPLYERS' LIABILITY RATING PROCEDURE	Withdrawn	No

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Withdrawn	SPECIFIC EXCESS AND AGGREGATE EXCESS INSURANCE PROGRAM	WC-SE-1 Ed. 3 83	Withdrawn	WC-SE-1 Eff 3-1-83,.pdf
Withdrawn	EXCESS WORKERS' (1), (2) COMPENSATION AND EMPLOYERS' LIABILITY RATING PROCEDURE		Withdrawn	Excess WC-RATE.pdf

MICHIGAN MUTUAL INSURANCE COMPANY
SPECIFIC EXCESS AND AGGREGATE EXCESS INSURANCE PROGRAM
EXCESS WORKERS' COMPENSATION RULE

Insureds written under this program will be (a) rated. A file on all policies and individual filings will be maintained in the Home Office of the company for a period of not less than three years from the expiration date of each policy.

WC-SE-1

Effective March 1, 1983

EXCESS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY RATING PROCEDURE

A. Specific Excess

The premium for specific Workers' Compensation will be developed by using the factors and classifications promulgated by the National Council on Compensation for retrospective rating.

1. Determine the hazard group.
2. Determine the manual excess loss factor for loss excess of \$250,000 per accident and multiply times the State Tax Multiplier.
3. Schedule credits or debits may be applied to the excess loss premium factor based on:
 - (a) Size of risk
 - (b) Experience modification
 - (c) Commission reduction
4. Determine the excess layers by applying the following percentages to the excess loss factor established above:

1,000,	x	250,000	SIR	70%
1,000,	x	1,000,	and SIR	20%
3,000,	x	2,000,	and SIR	10%

To determine the factor for an SIR less than \$250,000 add the manual difference between the desired SIR factor times the State Tax Multiplier and \$250,000 SIR factor times the State Tax Multiplier to the above factors.

5. Minimum Premiums per layer:

1,000,	x	250,000	SIR	*7,500
1,000,	x	1,250,	and SIR	1,250
3,000,	x	2,250,	and SIR	2,250

*If the insured's retention is less than \$250,000, minimum premium for 1st. layer between SIR and \$250,000 is \$2,500.

B. Aggregate Excess

The premium for aggregate excess Workers' Compensation will be developed using the Table M Factor in the Table M Tables as follows:

1. Determine the loss fund as a percentage of standard premium (Manual x EM).
2. Expected Loss Ratio (ELR) determined at .68 (includes allocated expenses allowance.)
3. Determine Ratio of Maximum Rated Losses to Expected Losses by dividing (1) ÷ (2).
4. Table M Factor (Insurance Charge) is calculated by determining Expected Loss Group (ELR x Standard Premium) and using the ratio calculated above (3).

<u>Standard Premium</u>		<u>Loss Fund</u>	<u>* Insurance Charge</u>
1,000,	75%	750,000	11.3
750,		562,500	12.4
500,		375,000	13.5
250,		187,500	17.8
1,000,	80%	800,000	8.7
750,		600,000	9.7
500,		400,000	10.8
250,		200,000	15.1
1,000,	90%	900,000	5.6
750,		675,000	6.6
500,		450,000	7.5
250,		225,000	11.4

* Insurance charge is computed by using the Table M Factor and multiplying times an average Tax Multiplier of 1.046. (These figures do not include commissions).

5. Schedule credits or debits may be applied to the above charge based on

(a) Relationship between Specific Loss Retention and Loss Fund:

<u>Loss Fund</u>	<u>Recommended Specific Loss Retention</u>
250, - 500,000	100,000
500, - 700,000	150,000
700, - 800,000	200,000
800, - 900,000	250,000

(b) Experience modification

(c) Commission

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	11/21/2008
Bypass Reason:	this filing is for withdrawal only			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	11/21/2008
Bypass Reason:	n/a			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	11/21/2008
Bypass Reason:	n/a			
Comments:				